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## THE PHYSICAL EFFECT OF THE THREE YEARS' COURSE.

BY M. HELENA McMILLAN

THIS report can, at best, claim to give only an approximate idea of what the schools are doing to care for the health of their nurses and the results attained by a few, for as there are, conservatively speaking, only a thousand hospitals in the United States, it is possible to get into intelligent touch, as to conditions, with but a small number. Of the institutions selected from which to request information, twenty-three answered the list of burdensome questions, and from these responses to inquiries extending over a period of three years, the following has been attained: Among a total of 2163 nurses, of whom 1639 are pupils, there have been 72 cases of typhoid fever, 13 cases of pneumonia, 24 cases of tuberculosis. There were also reported 31 cases of scarlet fever and 44 cases of diphtheria, but as these were not in reply to a direct question and were not reported upon by all the twenty-three schools, they probably do not represent the total figures of either disease; thirty-eight nurses were operated upon for appendicitis; a few for other causes; while isolated instances of rheumatism, erysipelas, measles, infections, and heart disease, complete the list of those classed among the minor ailments. In twenty-one of the schools, with a total of 1544 student nurses, from all causes, there have occurred sixteen deaths, while sixty-two pupils have been compelled to give up their training through physical inability.

Nine of these hospitals report no tuberculosis among their nurses within three years; thirteen have had no pneumonia, and, better still, two have had no typhoid fever. Nine have had no deaths, within the same period, and in five schools not a single pupil has been compelled to drop out on account of her health. On the other hand, two hospitals have each had seven cases of typhoid fever out of the total seventy-two; one reports six cases of tuberculosis, another four, others two or three. The largest number of deaths reported from any school within the stated three years' period is two—four having had that number. One has had eleven dropped for ill-health, another nine, one seven, another four, while in the majority of schools one, two or three pupils, for physical reasons, could not complete their training. In studying the replies of the schools, there is small opportunity given to suggest cause for the above differences. Of the hospitals acknowledging seven nurses having had typhoid fever,

one states that there was an epidemic in the city. The school reporting the largest number of cases of tuberculosis among its nurses says that "there have been a large number of tuberculous patients admitted into the general wards of the hospital mixed with the other patients." Another states that although tuberculous patients are not received into the hospital, that out of 3911 admissions, sixty-two medical and fifty-six surgical cases, entering for other causes, were found to have tuberculosis.

A third, claiming not to admit phthisical patients, during one year received 188 cases for tuberculous conditions primarily. Of these, thirty-one were medical, while in eight of the 157 surgical cases there was also tuberculosis of the lungs or larynx. Instances were cited of patients treated for surgical trouble, other than tuberculosis, remaining in the wards for some time before chronic tuberculosis was recognized; while not infrequently bedside notes mentioning a "cough with expectoration" or "sedatives given for cough" might at least lead one to think that examination of the sputum was in order. No danger being so great as the hidden one, it is not remarkable that there is tuberculosis among our pupils when they are called upon to nurse the disease without a knowledge of that fact. Twenty-four cases of tuberculosis among 2163 women may not seem large, but each one means more or less of a tragedy—possibly a shortened life, usefulness ended, ambitions given up. At least some of these might have been saved had there been greater care on the part of those responsible for the entrance and examination of patients.

To be sure of original good health on the part of the young nurse, eleven of the twenty-three schools require a physical examination during or at the end of the probationary period. Among this number are some of the large city and county institutions of the country where necessarily the pupils are more exposed than in the schools connected with smaller hospitals. In these eleven schools, with 1069 nurses, there appear eleven cases of tuberculosis, eight of pneumonia and thirty-one of typhoid fever, while in ten of them eight deaths have taken place and thirty-two have dropped from the list for lack of good health. Against this, in the remaining twelve schools not requiring a physical examination, among 1094 nurses there have been fifteen cases of pneumonia and forty of typhoid fever; in eleven of these eight deaths have taken place and thirty were unable to complete the course for physical causes. To prevent flat foot, one school mentions that applicants are advised not to purchase working shoes until arriving at the hospital, when their feet are examined by an orthopedic surgeon and advice given as to the necessary shoe; while if there is a tendency to flat foot, casts are taken and plates made; heels are raised or lowered as advisable, or other faults of the shoe cor-

rected. This school reports practically no trouble with feet breaking down. Other evidences of care for the nurses in the schools of the country are noticeable. In many cases more attention is now given to the food provided than in former years, this being particularly true in institutions where the food is cooked and served, not in the hospital proper, but separately in the nurses' home. The home for the nursing staff apart from the hospital is becoming more and more a recognized fact. Of our twenty-three authorities, only two have their nurses' rooms in the same building as the hospital; in ten the homes are in adjacent buildings; seven are in the grounds of the institution; while four are at a greater distance. The latter has the advantage of necessitating a few minutes in the air, and when meals are served in the home, repeated walks daily. A few of the schools make it compulsory for their pupils to take a walk each day, while the rest are satisfied with advising them to do so. Four of the nurses' homes have single rooms for all their pupils, while, some of the others report a few rooms with three, four or even six beds, most of them have or hope to have a majority of single and double rooms.

It would seem that a good deal of thought on the part of hospitals has been and is being given to the welfare of their nurses, but with all that consideration there is room for much improvement, while unfortunately two conditions still remain which cannot but affect the health and happiness of the pupil nurse. I mean the long hours of duty, particularly of night duty, and the evening class or lecture. When night comes, the nurse is incapable of profiting by even the most wisely arranged course of instruction, and her energies are mainly required to keep herself awake. This must be especially the case when a day's work of twelve hours' duty has just been completed. Two schools frankly acknowledge their pupils working twelve hours a day; others ten hours a day and eleven at night; the majority claim a nine-hour day with twelve-hour night; some an eight-hour day with no information as to the night. The eight-hour day, on many occasions in the nurses' life, lengthens itself into eight and a half, nine, or even more hours; for the same good reasons a twelve-hour day, doubtless, at times, becomes thirteen or fourteen. Even worse than the long day is the twelve-hour night duty, because it is both more common and more difficult. The average woman does not sleep well in the day-time; our hospitals are busy places, by night as well as by day, and the night nurse is apt to be hard worked from the time she goes on duty until released, twelve or more hours later. As the services of a tired woman cannot be of the best, from the standpoint of the hospital and of the patient, it would seem wise to shorten the working hours of the pupil nurse.

Doubtless fewer hours for the nurse mean additional burdens for the superintendent, added expenses to account for, a larger number of nurses, increase in size of the home. It means, on the other hand, a consciousness of just treatment of the student; a possibility, on the part of the nurse, to profit as she should by her training, and, on account of less demand on her strength the increased chance of escaping some of the diseases to which she now falls prey; and in the end better results for the hospital and better applicants for the school. The time has gone by when the normal American woman craves hospital training so badly as to be regardless of its demands and, even if she believes in the blessedness of drudgery, prefers that that drudgery should have a reasonable limit. The record of health in the schools might be considered a fair one, with possibility and opportunity for improvement. This improvement will have to be made if the schools expect to hold the respect of the public and to continue to attract women of ability. Other educational institutions are expected to improve their conditions, and there is no reason why the public should not demand the same of nursing schools. It really seems that the time has come when ancient regulations (such as twelve-hour duty) will no longer be tolerated and we will be compelled to abolish such and substitute modern organization.

